



# Basic Health™

## For Washington State Residents

# Health Plans and Premiums

Use this brochure to find health plans in your county and to figure your monthly Basic Health premium. Then keep it as a reference in case your income or family size changes. This information is updated twice a year when Basic Health's income guidelines or health plan premiums change.

Basic Health premiums are based on your income, age, family size, and the health plan you choose.

Follow these three easy steps using the information in this brochure:

1. Find your income band.
2. Find the health plan or plans available in your county.
3. Estimate your monthly premium.

All health plans in Basic Health offer the same basic benefits, but monthly premiums, providers, and some details of coverage (such as which prescription drugs or preventive care services are covered) may vary by plan choice. Premium differences have to do with the rates health plans charge to cover their costs. Be aware that this document only gives monthly premium amounts. See

**Income bands effective  
July 1, 2005 - June 30, 2006**

**Premiums effective  
January 1, 2006 - December 31, 2006**

*Understanding Basic Health* for information on copays, coinsurance, deductibles, and out-of-pocket costs.

If you are eligible for free or purchased Medicare, or if you are attending school full-time in the United States on a student visa, you are not eligible for Basic Health. For information on benefits and eligibility, or help in choosing a health plan, see *Understanding Basic Health*.

**Do not return this document.** Keep it as a reference in case your income or family size changes, or you move to a different county; you are required to report these changes to Basic Health.

## Questions? Applying online? Visit [www.basichealth.hca.wa.gov](http://www.basichealth.hca.wa.gov).

This document, along with the *Application for Basic Health*, *Understanding Basic Health*, *Member Handbook*, and other helpful documents, is available on our Web site: [www.basichealth.hca.wa.gov](http://www.basichealth.hca.wa.gov).

If you would like to speak to a Basic Health staff member, please call 1-800-660-9840.

# Step 1: Find your income band.

Use your family's gross monthly income (before taxes) and the number of people in your family to determine your income band on the "Income Table" to the right. The number of people in your family means you, your spouse, children, and/or any legal dependents, including those who are disabled or full-time students under age 23, even if they're not living at home.

Be sure to count all family members, even those you don't want to enroll, because family size is used to determine your monthly premium. If there are eight or more people in your family, call Basic Health at 1-800-660-9840 for a premium estimate.

Step 1: Income Table								
Number of People in Your Family								
Gross Monthly Income	1	2	3	4	5	6	7	Income Band
	\$0 – \$518.37	\$0 – \$694.95	\$0 – \$871.54	\$0 – \$1,048.12	\$0 – \$1,224.70	\$0 – \$1,401.29	\$0 – \$1,577.87	<b>A</b>
	518.38 – 797.49	694.96 – 1,069.16	871.55 – 1,340.83	1,048.13 – 1,612.49	1,224.71 – 1,884.16	1,401.30 – 2,155.83	1,577.88 – 2,427.49	<b>B</b>
	797.50 – 996.87	1,069.17 – 1,336.45	1,340.84 – 1,676.04	1,612.50 – 2,015.62	1,884.17 – 2,355.20	2,155.84 – 2,694.79	2,427.50 – 3,034.37	<b>C</b>
	996.88 – 1,116.49	1,336.46 – 1,496.83	1,676.05 – 1,877.16	2,015.63 – 2,257.49	2,355.21 – 2,637.83	2,694.80 – 3,018.16	3,034.38 – 3,398.49	<b>D</b>
	1,116.50 – 1,236.12	1,496.84 – 1,657.20	1,877.17 – 2,078.29	2,257.50 – 2,499.37	2,637.84 – 2,920.45	3,018.17 – 3,341.54	3,398.50 – 3,762.62	<b>E</b>
	1,236.13 – 1,355.74	1,657.21 – 1,817.58	2,078.30 – 2,279.41	2,499.38 – 2,741.24	2,920.46 – 3,203.08	3,341.55 – 3,664.91	3,762.63 – 4,126.74	<b>F</b>
	1,355.75 – 1,475.37	1,817.59 – 1,977.95	2,279.42 – 2,480.54	2,741.25 – 2,983.12	3,203.09 – 3,485.70	3,664.92 – 3,988.29	4,126.75 – 4,490.87	<b>G</b>
	1,475.38 – 1,595.07	1,977.96 – 2,138.44	2,480.55 – 2,681.80	2,983.13 – 3,225.16	3,485.71 – 3,768.52	3,988.30 – 4,311.88	4,490.88 – 4,855.24	<b>H</b>

Valid through June 30, 2006

# Step 2: Find the health plans available in your county

Use the "Health Plan Availability by County" table below to see which health plans are available in your county.

Step 2: Health Plan Availability by County			
<b>Adams</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> <li>Molina Healthcare</li> </ul> <b>Asotin</b> <ul style="list-style-type: none"> <li>Molina Healthcare</li> </ul> <b>Benton</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> </ul> <b>Chelan</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> <li>Molina Healthcare</li> </ul> <b>Clallam</b> <ul style="list-style-type: none"> <li>Molina Healthcare</li> </ul> <b>Clark</b> <ul style="list-style-type: none"> <li>Columbia United Providers</li> <li>Community Health Plan</li> <li>Kaiser Permanente</li> </ul> <b>Columbia</b> <ul style="list-style-type: none"> <li>Molina Healthcare</li> </ul> <b>Cowlitz</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> <li>Kaiser Permanente</li> </ul>	<b>Douglas</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> <li>Molina Healthcare</li> </ul> <b>Ferry</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> <li>Molina Healthcare</li> </ul> <b>Franklin</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> </ul> <b>Garfield</b> <ul style="list-style-type: none"> <li>Molina Healthcare</li> </ul> <b>Grant</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> <li>Molina Healthcare</li> </ul> <b>Grays Harbor</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> <li>Molina Healthcare</li> </ul> <b>Island</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> </ul> <b>Jefferson</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> </ul>	<b>King</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> <li>Group Health Cooperative</li> <li>Molina Healthcare</li> </ul> <b>Kitsap</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> <li>Group Health Cooperative</li> </ul> <b>Kittitas</b> <ul style="list-style-type: none"> <li>Molina Healthcare</li> </ul> <b>Klickitat</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> </ul> <b>Lewis</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> <li>Molina Healthcare</li> </ul> <b>Lincoln</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> <li>Molina Healthcare</li> </ul> <b>Mason</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> </ul> <b>Okanogan</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> <li>Molina Healthcare</li> </ul>	<b>Pacific</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> <li>Molina Healthcare</li> </ul> <b>Pend Oreille</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> <li>Molina Healthcare</li> </ul> <b>Pierce</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> <li>Molina Healthcare</li> </ul> <b>San Juan</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> </ul> <b>Skagit</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> </ul> <b>Skamania</b> <ul style="list-style-type: none"> <li>Columbia United Providers</li> <li>Community Health Plan</li> </ul> <b>Snohomish</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> <li>Group Health Cooperative</li> </ul> <b>Spokane</b> <ul style="list-style-type: none"> <li>Community Health Plan</li> <li>Group Health Cooperative</li> <li>Molina Healthcare</li> </ul>

# Step 3: Estimate your monthly premium

Using your list from Step 2, find each health plan available to you in the “Plan/Premium Table” on the back page. For each health plan, find the column that shows your county, then follow that column down until you reach your income band (from Step 1).

The premiums are per person and effective through December 31, 2006. Add the premiums for each family member you want to enroll to get your total monthly premium. **Please note:** If you enroll more than three people in Basic Health, the monthly premium for each additional person may be reduced. Call Basic Health for details.

County.

<b>Stevens</b>
• Community Health Plan
• Molina Healthcare
<b>Thurston</b>
• Community Health Plan
• Group Health Cooperative
<b>Wahkiakum</b>
• Community Health Plan
<b>Walla Walla</b>
• Community Health Plan
• Molina Healthcare
<b>Whatcom</b>
• Community Health Plan
• Molina Healthcare
<b>Whitman</b>
• Molina Healthcare
<b>Yakima</b>
• Community Health Plan
• Molina Healthcare

## Example

This example shows how easy it is to estimate your monthly Basic Health premium:

- A family of three
- Two adults (ages 40 and 48)
- One child (age 6)
- Gross monthly income of \$1,550
- Live in Kitsap County

### Example, Step 1

According to the “Income Table,” a family of three with a gross monthly income of \$1,550 falls into income band C.

### Example, Step 2

The family lists the health plans available to them in Kitsap County. They would list:

- Community Health Plan
- Group Health Cooperative

### Example, Step 3

The family then uses the “Plan/Premium Table” to find the premium for each of these health plans. The sample family’s choices, at income band C in Kitsap County, are:

	Community Health Plan	Group Health Cooperative
Child age 0-18	\$30.00	\$ 43.50
Adult age 40-54	30.00	67.50
Adult age 40-54	30.00	67.50
Total premium for sample family*	\$90.00	\$178.50

\* Monthly premiums are for example only; your actual premium may vary depending on your family size.

To obtain this document in another format (such as Braille or audio), call our Americans with Disabilities (ADA) Coordinator at 360-923-2805. TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.

Si desea ayuda en español, llame al 1-800-321-0291.

한국어로 도움을 원하시면 1-800-324-1658로 연락하십시오.

Для обслуживания на русском языке, позвоните, пожалуйста, по телефону 1-800-387-8224.

Nếu quý vị muốn được giúp bằng tiếng Việt, xin gọi số 1-800-423-2231.

## Step 3: Plan/Premium Table

Health Plan		Columbia United Providers	Community Health Plan of Washington		Group Health Cooperative		Kaiser Permanente		Molina Healthcare	
	County Where You Live	Clark Skamania	Adams Benton Chelan Clark Cowlitz Douglas Ferry Franklin Grant Grays Harbor Island Jefferson King Kitsap Klickitat Lewis Lincoln	Mason Okanogan Pacific Pend Oreille Pierce San Juan Skagit Skamania Snohomish Spokane Stevens Thurston Wahkiakum Walla Walla Whatcom Yakima	Thurston	King Kitsap Snohomish Spokane	Clark	Cowlitz	Adams Asotin Chelan Clallam Columbia Douglas Ferry Garfield Grant Grays Harbor King Kittitas	Lewis Lincoln Okanogan Pacific Pend Oreille Pierce Spokane Stevens Walla Walla Whatcom Whitman Yakima
Income Band	Age									
A	0–18*	\$0–17.00	\$0–17.00		\$0–17.00	\$0–30.50	\$0–17.00	\$0–25.82	\$0–17.00	
	19–39*	17.00	17.00		17.00	46.25	17.00	36.10	17.00	
	40–54	17.00	17.00		17.00	54.50	17.00	41.49	17.00	
	55–64	17.00	17.00		17.00	81.13	17.00	58.87	17.00	
B	0–18*	0–22.50	0–22.50		0–22.50	0–36.00	0–22.50	0–31.32	0–22.50	
	19–39*	22.50	22.50		22.50	51.75	22.50	41.60	22.50	
	40–54	22.50	22.50		22.50	60.00	22.50	46.99	22.50	
	55–64	22.50	22.50		22.50	86.63	22.50	64.37	22.50	
C	0–18*	0–30.00	0–30.00		0–30.00	0–43.50	0–30.00	0–38.82	0–30.00	
	19–39*	30.00	30.00		30.00	59.25	30.00	49.10	30.00	
	40–54	30.00	30.00		30.00	67.50	30.00	54.49	30.00	
	55–64	30.00	30.00		30.00	94.13	30.00	71.87	30.00	
D	0–18*	0–30.00	0–30.00		0–30.00	0–43.50	0–30.00	0–38.82	0–30.00	
	19–39*	36.07	36.07		36.07	65.32	36.07	55.17	36.07	
	40–54	46.24	46.24		46.24	83.74	46.24	70.73	46.24	
	55–64	79.07	79.07		79.07	143.20	79.07	120.94	79.07	
E	0–18*	0–30.00	0–30.00		0–30.00	0–43.50	0–30.00	0–38.82	0–30.00	
	19–39*	47.12	47.12		47.12	76.37	47.12	66.22	47.12	
	40–54	60.41	60.41		60.41	97.91	60.41	84.90	60.41	
	55–64	103.31	103.31		103.31	167.44	103.31	145.18	103.31	
F	0–18*	0–30.00	0–30.00		0–30.00	0–43.50	0–30.00	0–38.82	0–30.00	
	19–39*	60.05	60.05		60.05	89.30	60.05	79.15	60.05	
	40–54	76.99	76.99		76.99	114.49	76.99	101.48	76.99	
	55–64	131.65	131.65		131.65	195.78	131.65	173.52	131.65	
G	0–18*	0–34.70	0–34.70		0–34.70	0–48.20	0–34.70	0–43.52	0–34.70	
	19–39*	75.19	75.19		75.19	104.44	75.19	94.29	75.19	
	40–54	96.40	96.40		96.40	133.90	96.40	120.89	96.40	
	55–64	164.84	164.84		164.84	228.97	164.84	206.71	164.84	
H	0–18*	0–42.56	0–42.56		0–42.56	0–56.06	0–42.56	0–51.38	0–42.56	
	19–39*	92.20	92.20		92.20	121.45	92.20	111.30	92.20	
	40–54	118.21	118.21		118.21	155.71	118.21	142.70	118.21	
	55–64	202.14	202.14		202.14	266.27	202.14	244.01	202.14	

\*1. An individual under age 19 who is the main subscriber or spouse will pay the age 19-39 premium.

2. Dependents ages 19-22 who are full-time students or disabled are charged the same rate as a child age 0–18 enrolled in Basic Health. Call for details.